TEST # 333 INTERIOR DESIGN II PERFORMANCE EVALUATION SUMMARY SCORE SHEET

I verify that this is an accurate record of the student performance objectives. **Teacher's Signature**

School _____ Teacher's Name (print) _____ Date ___ Period ____ Copies of this sheet must be kept on file at the school for <u>TWO years</u>, by <u>the teacher</u>, and the school <u>ATE testing coordinator</u>.

Student Names (Last Name, First Name)	Mark bach objective with an X or incert nothing in the blank, as indicated below									Test Item # 81-B (One or more Blanks)
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